Provider Newsletter

For Senior Whole Health LLC providers

Fourth quarter 2025

In this issue

The provider newsletter is available to all network providers serving Senior Whole Health LLC members.

Brand change for Senior Whole Health (SWH)

We are excited to announce a significant brand change that will take effect on January 1, 2026. Senior Whole Health, LLC (SWH) will be rebranding under the Molina Healthcare, Inc. umbrella as part of our ongoing commitment to providing exceptional health care services.

What does this mean for you?

- Unified branding: All of our offerings will now feature the Molina logo, ensuring a cohesive and recognizable brand identity across all materials.
- New product offering: We are introducing Molina One Care, which will be branded under the Molina name.
- Continuity for existing services: Our existing Senior Care Options (SCO) business will continue to operate under the SWH name, maintaining the same high standards of care and service you have come to expect.

This rebranding effort is designed to streamline our brand identity while preserving the distinct names of our products for clarity and continuity. We believe this change will enhance our ability to serve you better and strengthen our presence in the health care industry.

Any changes to contact details will be communicated promptly. Please stay tuned for additional communications.

Thank you for your continued trust and support. We look forward to serving you under our new unified brand.

Clinical practice guidelines and preventive health guidelines

The SWH Medical Advisory Committee reviews and approves clinical practice and preventive health guidelines each quarter based on evidence-based practice and expert recommendations. Adopted guidelines and resources offer the most up-to-date practice recommendations for a variety of topics to our provider network.

Please click the links below to see the most current list of SWH CPGs and PHGs on our website under the 'Health Resources' tab.

CPGs: **MolinaHealthcare.com/providers/ma/swh/health/cpg.aspx**
PHGs: **MolinaHealthcare.com/providers/ma/swh/health/phg.aspx**

HbA1c – Controlling hemoglobin A1c levels among diabetic patients

SWH is committed to supporting members with diabetes in controlling their blood glucose levels by routinely monitoring HbA1c results and providing multi-modal supports and interventions. Quality improvement demonstrated by higher performance on HEDIS® ratings occurs through targeted member outreach by our clinical team, partnership with network providers and other external partners, and through SWH's disease management program interventions. Tips for providers to support these efforts and improve HEDIS® performance include:

- Implement standing HbA1c orders for diabetic patients
- Order relevant screenings such as kidney testing and diabetic eye exams annually
- Follow up with patients after any adjustments in medications or treatments
- Implement statin therapy for diabetic patients between 40 – 75 years of age
- Prescribe medications following established clinical practice guideline recommendations where appropriate
- Review coding practices to ensure accurate and detailed HEDIS® coding is used
- Document chronic conditions at least annually using appropriate codes and documentation in the record to capture the full burden of disease

Please use these HEDIS® codes for accuracy in documentation and billing:

Description	Code
Diabetes	ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, 024.xxxx
HbA1c lab test	CPT: 83036, 83037 LOINC: 97506-0
HbA1c test result or findings	CTPII: 3044F – Results HbA1c < 7.0 CPTII: 3046F – Results HbA1c > 9.0% CPTII: 3051F – Results HbA1c ≥ 7.0% to <8.0% CPTII: 3052F – Results HbA1c > 8.0% to ≤ 9.0%

HbA1c – Controlling hemoglobin A1c levels among diabetic patients (continued)

Sample ICD-10 codes for type 2 diabetes mellitus (T2DM) when documenting chronic conditions:

Condition:	ICD-10 Code:
T2DM with diabetic chronic kidney disease (CKD)	E11.22
T2DM with polyneuropathy	E11.42
T2DM with neurologic complications	E11.4X
T2DM with peripheral vascular disease (PVD)	E11.51
T2DM with circulatory complications	E11.5X
T2DM with hyperglycemia	E11.65
T2DM with ophthalmic complications	E11.3XXX

Please note that the table above includes only a small sample and is not all-inclusive of codes available for documenting chronic conditions related to diabetes.

Also, please note that codes ending in "X" indicate additional information is required to complete the diagnosis code; please refer to your complete ICD-10-CM code set for further details.

When documenting chronic conditions (diabetes in this instance), you must explicitly document causal relationships between the diabetes diagnosis and the diabetic complications/ manifestation diagnoses using words like diabetic, due to, secondary to, related to, etc. in the assessment/plan.

You can request more information on HCC coding from your SWH provider network manager.

Supplemental Data Source (SDS) – Improving efficiency and outcomes through collaboration and data sharing

Supplemental data is information about patients outside of claims, encounters and medical records. It is typically gleaned from electronic medical records not found in typical administrative sources. Examples include pharmacy records, lab results, electronic health records, registry data or health risk assessments. This information is vital to supplement what is available through claims to have complete and accurate documentation of patient encounters.

Benefits of setting up SDS feeds with SWH include:

- Patient burden of illness and quality gap closure data can be captured from supplemental data source feeds
- Captures the patient's current chronic conditions and quality measures needed for complete documentation accuracy
- After initial set-up, submission of data requires minimal maintenance but significantly reduces the administrative burden of year-round chart chases
- Supports contractual obligations for providers in value-based care (VBC) arrangements

Supplemental data supports risk adjustment by capturing more comprehensive data on the burden of illness, allowing for increased reimbursement to deliver high-quality care to patients. Supplemental data also supports quality measurement through HEDIS ® by identifying services that have been provided but not captured in claims.

Please look out for communications from SWH related to SDS and setting up data feeds to support our efforts to improve efficiency and quality of care. SWH has resources and information to help you throughout the set-up process. For more information, please contact your provider network manager.

Electronic health records – Data source sharing

SWH partners with providers to share data through electronic medical record (EMR) connections. Sharing access helps to streamline data collection for risk adjustment data validation (RADV) audits, HEDIS® reporting, chronic care condition validation and other quality improvement initiatives.

Benefits of sharing EMR include:

- Reduces the administrative burden of manual chart chases
- Supports accurate documentation for compliance purposes
- Support coordination of care among providers and stakeholders
- Supports value-based care

Please watch for communications from SWH on this important endeavor.

For more information on how to get started, please contact your SWH account manager.

Flu & COVID-19 vaccinations

Vaccine clinic planning is underway to keep SWH members safe this flu season. SWH will host vaccination clinics across several communities during the 2025-2026 flu season. The growth and community engagement team is busy planning vaccination clinics in elder housing buildings, day programs and other venues in partnership with community organizations.

The Centers for Disease Control and Prevention (CDC) recommends vaccination against influenza for everyone six months and over, with very few exceptions. According to the CDC, all U.S. flu vaccines for the 2025-2026 season are anticipated to be trivalent, formulated to protect against (3) influenza viruses (an A(H1N1) virus, an A(H3N2) virus and a B/Victoria virus. Single-dose formulations free of the preservative thimerosal are recommended for children, pregnant women and adults.[1] (CDC 2025)

The CDC recommends adult vaccination against COVID-19 using one or more doses of the 2024–2025 vaccine for adults aged 19 through 64, and two or more doses of the 2024-2025 vaccine for adults aged 65 and older.[2] (CDC 2025)

Please encourage SWH members to get vaccinated and attend a clinic if one is happening in their community!

[1] Centers for Disease Control and Prevention (CDC). (2025-8-06). Influenza (Flu). **cdc.gov/flu/season/2025-2026.html**

[2] Centers for Disease Control and Prevention (CDC). (2025-8-06). Vaccines and Immunizations. **cdc.gov/vaccines/hcp/imz-schedules/adult-age.html**

Health Outcomes Survey

The Medicare Health Outcomes Survey (HOS) is sent out each year to a random sample of members enrolled in a Medicare Advantage (MA) health plan. The HOS survey's performance makes up 11% of the Star rating for MA health plans. Provider support in areas impacting the HOS is key to ensuring positive patient outcomes and helping support survey results. The purpose of the survey is to assess how well the health plan maintains or improves members' health over time.

How does the survey work?

- Sent out to a random sample of members each year between July and November
- Assesses member perspective on the status of their physical and mental health
- Respondents to the survey receive a follow-up survey after two years
- Results of the follow-up survey are compared to the initial survey and calculated to evaluate how well the member has maintained or improved their health or well-being in a variety of categories

Questions included in the HOS survey relate to the following HOS measures:

- Improving or maintaining physical health – Star weight of 3
- Improving or maintaining mental health – Star weight of 3
- Monitoring physical activity – Star weight of 1
- Improving bladder control – Star weight of 1
- Reducing the risk of falls – Star weight of 1

Addressing these key areas during routine visits with our members will help support SWH's quality improvement efforts. You can find more detailed information on the HOS survey website at **hosonline.org/en/**.

Utilization Management (UM) turnaround time for prior authorization

As part of the CMS-0057 Final Rule on Interoperability and Prior Authorization, new federal requirements for standard requests will take effect on **January 1, 2026**. This will impact how quickly Molina Healthcare, Inc. must respond to prior authorization requests. Specifically, **standard requests must be processed within seven (7) calendar days**. These changes are designed to improve transparency, reduce administrative burden and ensure timely patient care access. To support timely and compliant processing, **providers are strongly encouraged to review their processes and ensure all required clinical documentation is submitted at the time of request**. Submitting complete information helps avoid delays and ensures patients receive timely access to care. In addition, CMS-0057 introduces new application programming interfaces (APIs) to enhance access to prior authorization details. We encourage providers to stay informed and participate in upcoming education sessions to support a smooth transition and avoid delays.

Utilization Management (UM) letters are now available on Availity Essentials! This initiative supports an environmentally friendly approach by reducing paper usage and aligning with modern digital standards. Providers will not have to do anything, but you will now have quicker access to decisions. This will improve your experience and transparency across the board. Please note that this is only available for Availity authorizations.

Exciting enhancements to Availity Essentials

Molina is making it easier for providers to do business with us by streamlining processes and improving communication through Availity Essentials. Recent updates include larger file upload limits with faster transmission times, real-time digital notifications, a simplified authorization interface, and expanded auto-authorization with more CPT codes. We are also sunsetting the legacy authorization portal to create a more seamless, integrated experience. Together, these enhancements not only reduce administrative burden and improve response time but also set the stage for upcoming Utilization Management changes. By aligning technology upgrades with federal requirements, Molina is supporting providers with the tools needed to deliver more efficient care while focusing on what matters most— caring for patients.

Care Connections

What is Care Connections?

Care Connections, a subsidiary of Molina, extends care beyond clinics by offering in-home and telehealth visits through a dedicated team of Molina-employed nurse practitioners and social workers. Our services complement your care by supporting preventive screenings, chronic disease management, medication reviews and behavioral health assessments. For 2025, we have completed more than 250,000 visits across 22 states.

Care Connections partners with you to keep your patients engaged, supported and empowered—without adding to your workload. We have strengthened the member-primary care provider (PCP) relationship and facilitated continuity of care. **Visits are provided at no cost to the member and do not impact your services or billing.**

How we support your practice

We support all lines of business by engaging members and reinforcing their connection to their care providers. Our clinical professionals:

- Conduct a variety of visits, such as annual preventive and post-discharge visits
- Provide preventive education and health screenings for both in-home and telehealth visits
- Assess social determinants of health (SDOH) and connect members to resources
- Help members maintain or establish a relationship with their PCP
- Identify and close gaps in care
- Encourage timely PCP follow-up

What takes place during a visit?

For adults (18+):

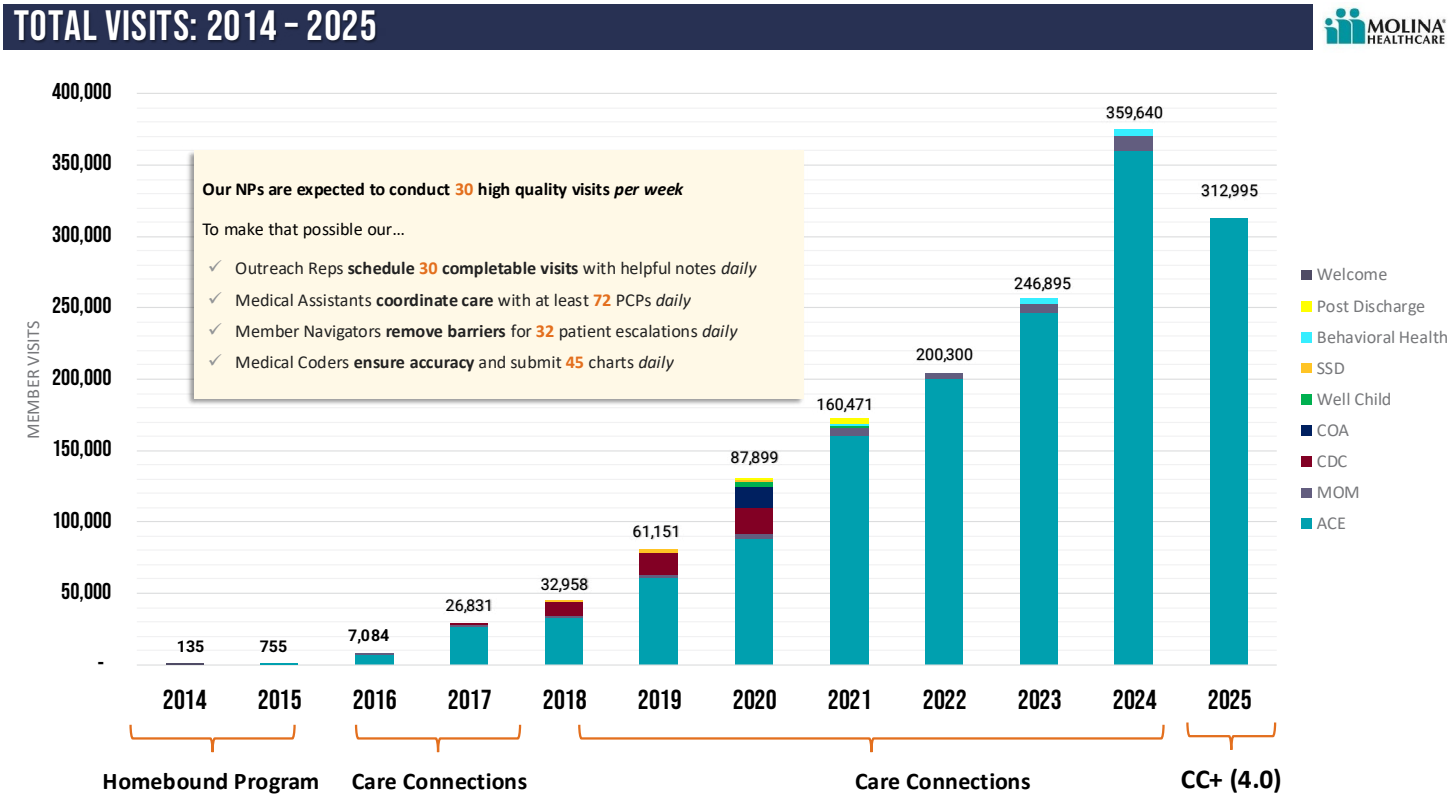
- Vital signs, diabetic testing, colorectal and bone density screenings (if appropriate)
- Medication review and reconciliation
- Case management referrals and escalations

Care Connections (continued)

How can I access electronic records?

Care Connections visit records are available through EpicCare Link—a HIPAA-secure web portal provided by Molina at **CCLink.MolinaHealthcare.com**.

For support with EpicCare Link, call **(844) 847-9954** and follow the prompts or email **ClinicalSupport@MolinaHealthcare.com**.



Model of Care training is underway

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists including hematology/oncology, neurology and cardiology to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at **Resources & Trainings | SWH**. The completion date for this year's training is **December 31, 2025**.
If you have any additional questions, please contact your local Molina Provider Relations representative at **(855) 838-7999**.

2025-2026 flu season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend routine annual influenza vaccination for all individuals aged six months and older without contraindications. Immunization remains the primary preventive measure against influenza and its complications.

This season, ACIP emphasizes using single-dose influenza vaccines free of thimerosal preservative for all children 18 years and younger, pregnant women and adults. Multi-dose thimerosal vials are no longer recommended, aligning with updated safety practices.

Vaccine formulations for 2025-2026 will primarily be trivalent, including updated strains for better protection, notably a new A(H3N2) virus component. Both egg-based and cell- or recombinant-based vaccines are available to accommodate different patient needs.

High-dose, adjuvanted or recombinant influenza vaccines are preferentially recommended for adults aged 65 years and older, reflecting evidence of improved immune response in this population. For individuals younger than 65 without specific risk factors, any age-appropriate vaccine may be used. The live attenuated influenza vaccine (LAIV) remains an option for healthy non-pregnant persons aged two through 49 years, but is contraindicated in pregnancy and some medical conditions.

Timing of vaccination is ideally in September or October to maximize protection before the influenza season peaks; however, vaccinations may be administered throughout the season while the virus circulates. Exceptions include avoiding vaccination in July or August for older adults and pregnant women in early trimesters unless there is concern about access later in the season.

Key administration updates include expanded permissions for FluMist ®, which allow self-administration for adults and administration by caregivers to children aged 2-17, facilitating easier vaccine access.

Prescribers should remain vigilant to contraindications, ensure appropriate dosing by age and educate patients on the importance of influenza vaccination even when circulating virus levels appear low. Vaccination in pregnant persons is strongly recommended at any trimester with inactivated vaccines, supporting maternal and infant health.

Molina will cover all FDA-approved administered flu vaccines during the 2025-2026 flu season.

1. **2025–2026 flu season. (2025, August 6). Influenza (Flu)**
2. **ACIP Recommendations Summary. (2025, August 28). Influenza (Flu)**
3. FluMist (influenza virus vaccine [live/attenuated]) [prescribing information]. Gaithersburg, MD: MedImmune LLC; August 2025.
4. American Academy of Pediatrics, Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2025-2026: policy statement. Pediatrics. Published online July 28, 2025. doi:10.1542/peds.2025-073620
5. **Miller, A. (n.d.). CDC publishes 2025-2026 US flu vaccination recommendations**

Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that at least three percent of the nation's health care costs, amounting to tens of billions of dollars, are lost to fraud, waste and abuse. That money would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Molina must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and Marketplace funds.

Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse (continued)

You and the SIU

The SIU utilizes leading data analytics software to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 2,200 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases to identify and track fraud, waste and abuse. Our system allows us to track provider compliance with correct coding, billing and the provider contractual agreement.

As a result, providers may receive a notice from SIU by random selection if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other support documentation. Should you have questions, please contact your Provider Relations representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work. We hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste and abuse, contact the Molina AlertLine toll-free at **(866) 606-3889**, 24 hours a day, 7 days a week. You can also use the website to make a report at any time at **MolinaHealthcare.Alertline.com**.

Clinical Policy

Molina Clinical Policies (MCPs) can be found at **MolinaClinicalPolicy.com**. The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. The Molina Clinical Policy Committee reviews MCPs annually and approves them bimonthly.

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual **here**.